

# **CLINICAL CASE MANAGEMENT STANDARDS**

## **PURPOSE**

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding the structure and application of clinical case management services for children with SED. These standards are intended to achieve statewide consistency in the development and application of CMH core services and shall be implemented in the context of all applicable laws, rules and policies.

## **INTRODUCTION**

Stroul and Friedman (1986) refer to case management as the “back bone of the system of care” and as the cohesive element that holds the system of care together. Case management plays a key role in the coordination of services to children and families in the system of care. Primary functions of a case manager in the system of care include:

- Mental Health Assessment
- Service Planning
- Service Implementation
- Service Coordination
- Monitoring and Evaluation
- Advocacy

Clinical case management is the process of facilitating, linking, monitoring, and advocating for children and their families to ensure that multiple services, designed to meet a families and a child’s need for care, are delivered in a coordinated and therapeutic manner. Clinical case management should be child centered and family focused to meet the goals of treatment outcomes, to be culturally sensitive, community-based, and provided in the least restrictive, most appropriate and most cost-effective setting with the needs of the child and family dictating the types of services provided. Clinical case managers are trained mental health professionals who have a clinical knowledge of human behavior theories and psychopathology, as well as a thorough knowledge of the philosophy of various therapeutic approaches. Clinical case managers are able to provide accurate assessments, create and coordinate service plans, and know when and how to intervene.

## **CORE VALUES**

- The system of care should be child-centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.

- Children with emotional disturbance should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- Children with emotional disturbance should receive services within the least restrictive, most normative environment that is clinically appropriate.
- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- The needs of children and families can more effectively be met through flexible funding strategies than through categorical funding restricted to the most expensive resources.

### **STANDARDS**

- 1. DHW Clinical Case Management shall be a service that is delivered directly by a DHW CMH clinician to families that qualify per CMH program eligibility criteria of SED.**
- 2. DHW Clinical Case Management shall be delivered to all children with SED and their families that have an on going open CMH Presenting Issue and documented in the child's service plan. Any variance to this standard shall be documented in the FOCUS automated information system.**
- 3. The clinical case manager shall be responsible to facilitate and coordinate the provision of core services identified in the service plan.**
- 4. The clinical case manager shall advocate for the child and family's needs within the children's mental health service system.**
- 5. The clinical case manager shall be responsible for linking children and families to the services identified in the service plan.**
- 6. The clinical case manager shall be responsible for monitoring service interventions for successful progress towards treatment goals that are provided and for timely documentation of ongoing monitoring in the FOCUS automated information system.**
- 7. The clinical case manager shall be responsible for ensuring that a completed comprehensive assessment is documented in FOCUS automated information**

**system on each child on their caseload within 30 days application for services according to FACSPM 01-04.**

- 8. The clinical case manager shall be responsible for ensuring that an updated (or new if necessary) comprehensive assessment is documented in FOCUS for each child on his/her caseload at least annually.**
- 9. The clinical case manager shall be responsible for completing a service plan in FOCUS that outlines all treatment interventions that will be delivered to the child and family.**
- 10. The clinical case manager shall be responsible for timely documenting case management related activities with the child, family, and service providers in FOCUS.**
- 11. Any variance to these standards shall be documented and approved by division administration, unless otherwise noted.**
- 12. Each region shall establish clinical case management service delivery goals and shall annually submit a plan and timeline to achieve those goals to division administration for approval.**